

DocuSign® Guide

Blue Cross and Blue Shield of Louisiana is enhancing your provider experience by streamlining how you submit applications and forms to the Provider Credentialing & Data Management (PCDM) Department. You can now complete, sign and submit all of our applications and forms digitally with DocuSign, reducing the need to print and submit hardcopy documents. This allows for a more direct submission of information to Blue Cross. Through this enhancement, you can electronically upload support documentation and even receive alerts (reminding you to complete your application) and confirm receipts. Follow the steps below to access and complete your applications and forms with DocuSign.

Step 1: Click the link for the needed Blue Cross form, then enter your initial information

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document. Please enter your name and email to begin the signing process.

Form Completed By

Your Name: *
Full Name

Your Email: *
Email Address

Please provide information for any other signers needed for this document.

Provider

Name:
Full Name

Email:
Email Address

There are often two required recipients. The person completing the form must enter a name and email for both. Please read the instructions for guidance as to when one or both recipients are required based on your request.

- **"Form Completed By"** – This recipient will complete all required fields with detailed information.
- **"Provider"** – This recipient provides final review and signature verifying that all information is correct and ready to submit to BCBSLA.

Once the information is entered for both, click the **"BEGIN SIGNING"** button.

Note: If the "Form Completed By" and "Provider" are the same person, enter the same name and email for each role.

BEGIN SIGNING

Step 2: Accept the Electronic Record and Signature Disclosure

- The person completing the form must review the Electronic Record and Signature Disclosure documents and consent to sign electronically.
- Select the checkbox **"I agree to use Electronic Records and Signatures."**
- Click **"CONTINUE"** to begin the signing process.

Note: To view and sign documents, the person completing this form must agree to conduct business electronically.

Please Review & Act on These Documents

BCBSLA Network Administration
Blue Cross and Blue Shield of Louisiana

DocuSign

Please read the **Electronic Record and Signature Disclosure**.
☐ I agree to use electronic records and signatures.

CONTINUE **FINISH LATER** **OTHER ACTIONS**

GOT IT

Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)

Tax ID Number
Group/Clinic Name
Are you a primary care provider (PCP)?
☐ Yes ☐ No

Provider National Provider Identifier (NPI)
Group/Clinic National Provider Identifier (NPI)
Effective Date of Requested Change

If you are an authorized representative completing this form on behalf of a provider, please indicate below.

Step 3: Complete the required fields and click finish

To navigate the document, use:

- The [tab](#) key – to move from one field to the next.
- The [mouse](#) – to click on and into fields.

Note: Click “[Finish Later](#)” to save any information entered. An email notification will be sent with a link to finish the application later.

- Return to complete the document by clicking the link provided in the email notification.
- Click “[Finish](#)” when the form is complete. This closes the form for the person initially completing it. An email is then sent to the person listed as the provider (see Step 1).

The screenshot shows the 'Provider Update Request Form' for Blue Cross and Blue Shield of Louisiana. The form is titled 'Provider Update Request Form' and includes a 'START' button. The form is divided into sections: 'GENERAL INFORMATION' and 'AUTHORIZED REPRESENTATIVE'. The 'GENERAL INFORMATION' section includes fields for 'Provider Last Name', 'First Name', 'Middle Initial', 'Tax ID Number', 'Group/Clinic Name', 'Are you a primary care provider?' (Yes/No), and 'Effective Date of Requested Change'. The 'AUTHORIZED REPRESENTATIVE' section includes fields for 'Name', 'Contact Phone Number', and 'Contact Email Address'. A red outline indicates a required field. Annotations include: 'Basic instructions for the active field' pointing to the 'START' button; 'Navigation tool guides you through fields' pointing to the navigation icons; 'Tips provide information about field requirements' pointing to the 'Are you a primary care provider?' field; and 'Red outline indicates a required field' pointing to the 'Effective Date of Requested Change' field. The top navigation bar includes 'Enter text', 'FINISH', 'FINISH LATER', and 'OTHER ACTIONS'.

Step 4: Provider reviews form details, completes required fields and clicks finish

The provider must follow the steps below to complete the signing process and submit the document to Blue Cross

1. Locate email notification to access the forms and click “[Review Document](#)” to begin the signing process.
2. Select the checkbox “[I agree to use Electronic Records and Signatures.](#)”
3. Click “[CONTINUE](#)” to initiate the signing process.
4. Review form data (update if necessary) and complete required fields. Click “[Finish](#).”

Note: A confirmation email is sent to notify you when the signing process is complete and submitted to Blue Cross. You can access the final documents by clicking “[View Completed Document.](#)” The credentialing process can take up to 90 days, which begins when all required information is received. After the 90 days, you may contact the PCDM Department at pcdmstatus@bcbsla.com or 1-800-716-2299, option 2 for a status update.



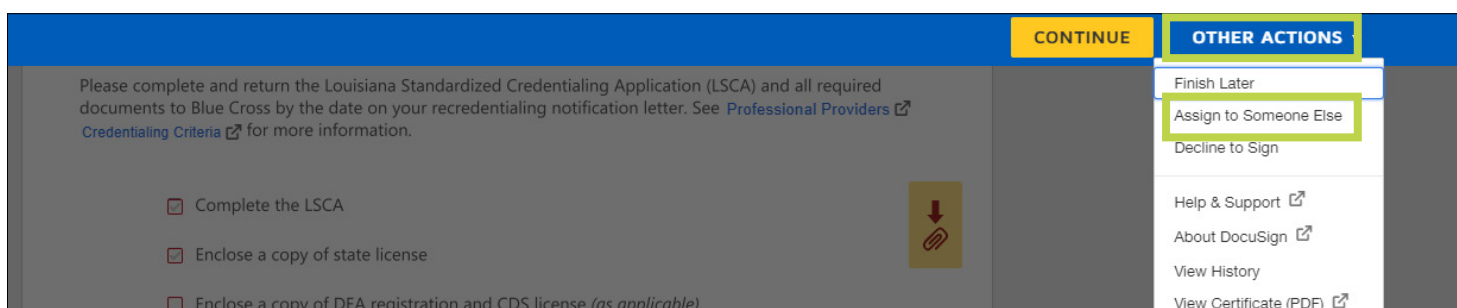
The screenshot shows the DocuSign 'Review and Sign Document' screen. It includes a 'REVIEW DOCUMENT' button. Below the button, it says 'BCBSLA Network Administration' and 'network.administration@bcbsla.com'. It also says 'A Provider,' 'Please DocuSign 2021 Provider Information Update Form 2.0.pdf', and 'Thank You, BCBSLA Network Administration'.

Frequently Asked Questions

How do I reassign a form to a different person?

If you receive a form for completion and you are not the correct person, or it needs an alternate signature, you have the option to send it on to another person. To do that, complete the following steps:

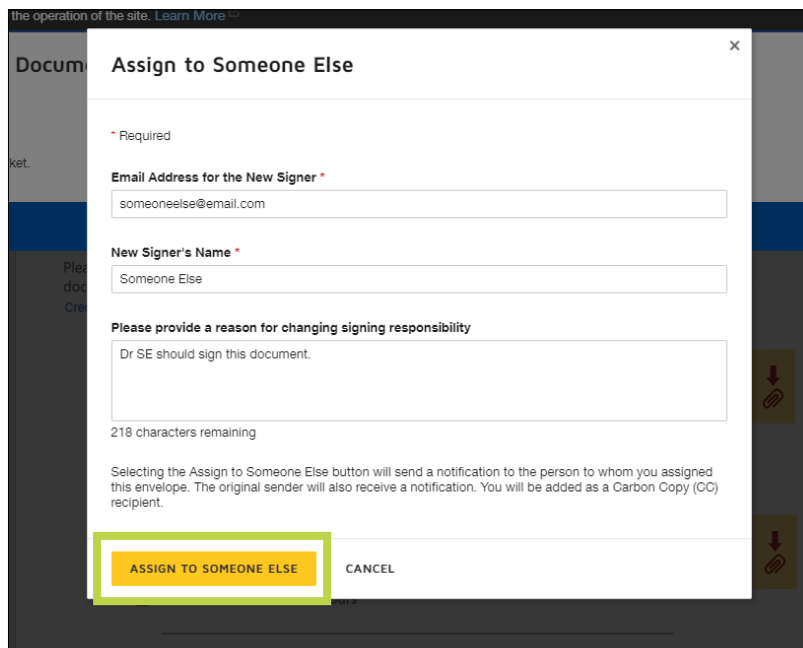
1. Click "Other Actions"
2. Then select "Assign to Someone Else"



The screenshot shows a DocuSign interface with a blue header bar. On the right, there are two buttons: "CONTINUE" (yellow) and "OTHER ACTIONS" (blue). The "OTHER ACTIONS" dropdown menu is open, showing options: "Finish Later", "Assign to Someone Else" (highlighted with a green box), "Decline to Sign", "Help & Support", "About DocuSign", "View History", and "View Certificate (PDF)". The main content area has a grey background with a list of items to be completed: "Complete the LSCA", "Enclose a copy of state license", and "Enclose a copy of DEA registration and CDS license (as applicable)". A download icon is visible next to the list.

3. Enter the email address of the new signer
4. Click "Assign to Someone Else"

Note: If a different signature is needed, complete the form and click "Finish," then reassign the completed form to the correct signer.



The screenshot shows a "Assign to Someone Else" dialog box. It has a title bar with "Assign to Someone Else" and a close button. The form contains the following fields and text:

- A red asterisk indicating a required field.
- Email Address for the New Signer ***: A text input field with the value "someoneelse@email.com".
- New Signer's Name ***: A text input field with the value "Someone Else".
- Please provide a reason for changing signing responsibility**: A text area with the value "Dr SE should sign this document." and a character count of "218 characters remaining".
- A paragraph of text: "Selecting the Assign to Someone Else button will send a notification to the person to whom you assigned this envelope. The original sender will also receive a notification. You will be added as a Carbon Copy (CC) recipient."
- At the bottom, there are two buttons: "ASSIGN TO SOMEONE ELSE" (highlighted with a green box) and "CANCEL".

How do I update the signatory name?

When signing a document – the person completing the form has the option to update the signature. If you are the correct person who needs to sign a form, but your name or signature is incorrect you can update it.

1. Select the signature
2. Select "Change"

SUBMISSION INFORMATION (form completed by)	
Signature of Authorized Representative	Date November 23, 2020
Contact Email Address	Contact Phone Number

3. Click "+ Add"
4. Enter the correct name and click "Adopt"

My Signatures and Initials

+ ADD

My Name

DocuSigned by: My Name DS

ADOPT CANCEL

Only if a new group or clinic not already on file with Blue Cross, a completed iLinkBlue agreement packet is included (available online at www.BCBSLA.com/providers > Electronic Services > iLinkBlue D2)

SUBMISSION INFORMATION (form completed by)

Signature of Authorized Representative	Date November 23, 2020
Contact Email Address	Contact Phone Number

5. Click "Adopt and Sign"

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* My Name Updated

Initials* MN

SELECT STYLE DRAW

PREVIEW Change Style

DocuSigned by: My Name Updated DS

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL